GIS Map Request Form

Please return this form to the fax Number 651-215-6883 or 651-215-6884, hand carry to Logistics in State EOC or email to eoc.staff.logistic@state.mn.us when EOC is activated.
(HSEM - Route to Logistics then Operations for submission to GIS Desk)
Requests will be filled as soon as possible.

Requested By (Agency/Organization): ________________________________

Agency/Organization Phone: ___________________________ Date: __________

Name: ___________________________ Title:_________________________

Address: ___________________________ City: _______________________

State: ___________ Zip: ___________ E-mail: _______________________

Phone ___________________________ Office ___ or Cell ___ Signature: __________

Description of Map Requested (MUST BE DETAILED):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Special Instructions:

________________________________________________________________________

Media Format (Circle One). E-mail or Size (Circle One). 8.5 x 11, or 34 x 44

How do you want to receive Map:

Departmental Use Only (OPS Approval and Tracking)

Operations Approved (Yes or No): _______ Request ID# ____________

Date Request Received: ___________ Priority (high, medium, low): ___________

Received By: ___________________________ Approved (Date): ____________

File Location/Name: ___________________________ Date: __________ Project Time: __________

Assigned To: ___________________________ By Who: ___________________________

Request Completed: ___________ By Who: ___________________________

Request Sent by (Check one): ___ Email ___ Pick up ___ Hand Delivered ___ Web Site

Was contact made upon completion of project and to who: ___________________________

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